**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

123 03936 US

First Named Inventor

Gary K. Burma

COMPLETE IF KNOWN

Application Number

t.b.d.

Filing Date

06/25/2003

Art Unit

t.b.d.

Examiner Name

t.b.d.

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CROSS-DIRECTION ACTUATOR AND CONTROL SYSTEM WITH ADAPTIVE
FOOTPRINT***(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code LabelOR ☐

Correspondence address below

128Name
Anthony Miologos
Honeywell International Inc.

PATENT TRADEMARK OFFICE

Address
101 Columbia Road
POB 2245City
MorristownState
New JerseyZIP
07962Country
U.S.A.Telephone
602-313-5683Fax
602-313-4559

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])
Gary K.Family Name
or Surname
BurmaInventor's
Signature

Date

Oct 21, 2003

Residence: City
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CanadaCitizenship
Canada

5059 Pinetree Cresent

Mailing Address

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West VancouverState
Brit. Col.ZIP
V7W 3B5Country
Canada

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State


ZIP

Country

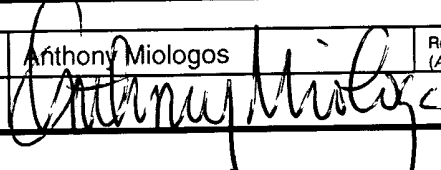
☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

This form is a **R** eplacement of PTO/SB/17 (11/01)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<div style="text-align: center;">  <h2 style="margin: 0;">FREE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2003</h3> <p style="font-size: small;">Recent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 /CFR 1.27.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> TOTAL AMOUNT OF PAYMENT \$130.00 </div>	COMPLETE IF KNOWN	
	Application No.	10/608,467
	Filing Date	6/25/2003
	First Named Inventor	Gary K. Burma
	Group Art Unit	1731
	Examiner Name	t.b.d.
Attorney Docket No.		123 03936 US

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 01-1125 Deposit Account Name: Honeywell International Inc. The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	<h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: right; border-bottom: 1px solid black;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee \$</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee \$</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td style="text-align: right;">130</td><td>2051</td><td style="text-align: right;">65</td><td>Surcharge - late filing fee or oath</td><td style="text-align: right;">130.00</td></tr> <tr><td>1052</td><td style="text-align: right;">50</td><td>2052</td><td style="text-align: right;">25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td style="text-align: right;">130</td><td>1053</td><td style="text-align: right;">130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td style="text-align: right;">2,520</td><td>1812</td><td style="text-align: right;">2,250</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td style="text-align: right;">920*</td><td>1804</td><td style="text-align: right;">920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td style="text-align: right;">1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td style="text-align: right;">110</td><td>2251</td><td style="text-align: right;">55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td style="text-align: right;">410</td><td>2252</td><td style="text-align: right;">205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td style="text-align: right;">930</td><td>2253</td><td style="text-align: right;">465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td style="text-align: right;">1,450</td><td>2254</td><td style="text-align: right;">725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td style="text-align: right;">1,970</td><td>2255</td><td style="text-align: right;">985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td style="text-align: right;">320</td><td>2401</td><td style="text-align: right;">160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td style="text-align: right;">320</td><td>2402</td><td style="text-align: right;">160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td style="text-align: right;">280</td><td>2403</td><td style="text-align: right;">140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td style="text-align: right;">1,510</td><td>1451</td><td style="text-align: right;">1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td style="text-align: right;">110</td><td>2452</td><td style="text-align: right;">55</td><td>Petition to revive - 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EXTRA CLAIM FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; text-align: right;">-20** =</td> <td style="width: 10%; text-align: center;">Extra Claims</td> <td style="width: 10%; text-align: center;">x</td> <td style="width: 10%; text-align: center;">Fee from below</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%; text-align: center;">Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: center;">- 0 -</td> <td style="text-align: center;">x</td> <td style="text-align: center;">18.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">- 0 -</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td style="text-align: center;">- 0 -</td> <td style="text-align: center;">x</td> <td style="text-align: center;">84.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">- 0 -</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">- 0 -</td> <td style="text-align: center;">x</td> <td style="text-align: center;">280.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">- 0 -</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: right; border-bottom: 1px solid black;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee \$</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee \$</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td style="text-align: right;">18</td><td>2202</td><td style="text-align: right;">9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td style="text-align: right;">84</td><td>2201</td><td style="text-align: right;">42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td style="text-align: right;">280</td><td>2203</td><td style="text-align: right;">140</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>1204</td><td style="text-align: right;">84</td><td>2204</td><td style="text-align: right;">42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td style="text-align: right;">18</td><td>2205</td><td style="text-align: right;">9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="padding: 5px;">SUBTOTAL (2)</td><td style="text-align: right; padding: 5px;">\$ - 0 -</td></tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**number previously paid, if greater: see above for Reissues</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee \$	Fee Code	Fee \$			1001	750	2001	375	Utility Filing Fee		1002	330	2002	165	Design Filing Fee		1003	520	2003	260	Plant Filing Fee		1004	750	2004	375	Reissue Filing Fee		1005	160	2005	80	Provisional Filing Fee		SUBTOTAL (1)					\$ - 0 -	Total Claims	-20** =	Extra Claims	x	Fee from below	=	Fee Paid	Independent Claims	- 3 =	- 0 -	x	18.00	=	- 0 -	Multiple Dependent Claims		- 0 -	x	84.00	=	- 0 -			- 0 -	x	280.00	=	- 0 -	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee \$	Fee Code	Fee \$			1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim		1204	84	2204	42	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$ - 0 -																																																																											
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SUBMITTED BY			Complete (if applicable)	
Name (Print / Type)	Anthony Miologos	Registration No. (Attorney/Agent)	29,677	Telephone 602-313-5683
Signature		Date 10/30/2003		

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